

RECEIVED NOV 22 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36432

Registration District No. 908

Primary Registration District No. 4549

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Wright  
(b) City or town Mt. Plaine  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright  
(c) City or town Mt. Plaine  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 2  
year 1941 hour 5 minute 30 P.M.  
21. I hereby certify that I attended the deceased from 4/21  
1941, to 9/2 1941;  
that I last saw her alive on 9/1 1941;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Chronic & Acute  
bronchitis & Flu

Duration

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations.....  
Of autopsy.....  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)  
(e) Means of injury.....  
23. Signature R. A. Green (M. D. or other)  
Address Mt. Plaine Mo. Date signed 10/3-41

3. (a) PRINT FULL NAME MARY CATHERINE WADE

3. (b) If veteran, name war.....  
3. (c) Social Security No. ✓

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased Oct 24 1853  
(Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 8 If less than one day  
hr. min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Ceciv. Paine  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Paine  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jean Wade  
(b) Address Mt. Plaine Mo.

17. (a) Burial (b) Date thereof 9 4 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Manassas  
18. (a) Signature of funeral director George Steff  
(b) Address Mt. Plaine Mo.  
19. (a) 10-29-41 (b) Bernice Montgomery  
(Date received local registrar) (Registrar's signature)

851

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

14  
1  
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RECEIVED

District Health Officer No. 6,

District File Number 1141-1752

Date Filed NOV 17 1941

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*George Stepp*  
.....  
Licensed Embalmer No. 3166

P. O. Address *11th Street*  
.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.